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| --- | --- | --- | --- | --- | --- | --- |
| **Isavia use only** | | | | | | |
| **Registration Date:** | Click or tap to enter a date. | | | | | |
| **Supplier No:** | Click or tap here to enter text. | | | | | |
| **Type of Supplier:** | Click or tap here to enter text. | | | | | |
|  |  |  |  |  |  |  |
| **General Information** | | | | | | |
| **Supplier Name:** | Click or tap here to enter text. | | | | | |
| **Address:** | Click or tap here to enter text. | | | | | |
| **Identification No/Registration No:** | Click or tap here to enter text. | | | | | |
| **Commercial Details – Tax Registration No:** | Click or tap here to enter text. | | | | | |
| **Usual Bank Details:** | Click or tap here to enter text. | | | | | |
| **Currency:** | Click or tap here to enter text. | | | | | |
| **Payment Terms:** | Click or tap here to enter text. | | | | | |
| **Phone No:** | Click or tap here to enter text. | | | | | |
| **Supplier E-mail:** | Click or tap here to enter text. | | | | | |
| **Website:** | Click or tap here to enter text. | | | | | |
| **Contact Person Name:** | Click or tap here to enter text. | | | | | |
| **Contact Person Phone No:** | Click or tap here to enter text. | | | | | |
| **Contact Person E-mail:** | Click or tap here to enter text. | | | | | |
| **Nature of Business:** | Click or tap here to enter text. | | | | | |
|  |  |  |  |  |  |  |
| **Additional Information:** | | | | | | |
| Click or tap here to enter text. | | | | | | |